(1) PLACE OF BIRTH

County of Pickens

Township of Central

OR

Inc. Town of .....

OR

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
29769

Registration District No. ..... Registered No. 84
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child J W Newton

If child is not yet named, make supplemental report as directed

BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month)	(Day)	(Year)
Boy			yes	July	20	1922

FATHER.

(8) FULL NAME: John Newton

(9) PRESENT POSTOFFICE OF FATHER: Central SC

(10) COLOR OR RACE: White

(11) AGE AT LAST BIRTHDAY: 24 (Years)

(12) BIRTHPLACE: SC.

(13) OCCUPATION: Farming

Number of children born to mother, including present birth: 3

MOTHER.

(14) NAME BEFORE MARRIAGE: Lola Kelley

(15) PRESENT POSTOFFICE OF MOTHER: Central

(16) COLOR OR RACE: White

(17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE: SC.

(19) OCCUPATION: Domestic

(21) Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) L E Lewis Six mile SC

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 .....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 10/5/22 (28) J W Garrett
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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